

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 09/646493 FILING DATE _____
APPLICANT(S) _____

6/9/05 CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	2	16	
TOTAL DEP.	16	18	
TOTAL CLAIMS	16	18	

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